



## ALAMEDA RECREATION AND PARK DEPARTMENT

2226 Santa Clara Avenue, Alameda, 94501

(510) 747-7529/FAX: (510) 523-4071

Online Registration: [www.arpdeplay.com](http://www.arpdeplay.com)

# 2011 ARPD FAMILY ADVENTURES AT CAMP CONCORD

Spend time with ARPD Family Adventures in beautiful South Lake Tahoe at "CAMP CONCORD". Bring the whole family up for an unforgettable vacation! The ARPD Family Adventures features a 5-day, 4-night program packed full of indoor and outdoor activities for the entire family.

- **Monday, August 15 to Friday, August 19, 2011**
- **Camp Concord, South Lake Tahoe**
- **Check In After 3:00 p.m. on Monday, August 15th**
- **You must check out by 10:00 a.m. on Friday, August 19th**



### **COST PER PERSON:**

Senior (60 years and above).....\$365

Adult (Completed 10th Grade to 59 years) .....\$395

Teen\* (Completed 5th to 9th Grades).....\$345

**\*Teens may also participate in the Teen Adventure Program as well**

Youth (Completed K to 4th Grades).....\$260

Preschool (Ages 3 to 5 years old; Pre-K).....\$160

Toddlers (Under 3 years).....FREE

### **COST INCLUDES:**

- Individual Cabins
- Communal Bathhouses
- Washers and Dryers
- Eleven (11) Camp Meals, which includes a Special Luau Dinner at Pope Beach
- Hiking around the El Dorado National Forest
- Water activities on Fallen Leaf Lake and so much more!

You may pay in two equal installments:

- 1st Installment Due:.....Friday, June 17, 2011
- 2nd Installment Due:.....Friday, July 29, 2011

### **TO THOSE WHO CHOOSE TO PAY BY TWO INSTALLMENTS:**

Payments received after 2nd Installment Due Date will be charged an automatic \$30 late fee.

- A minimum amount of participants must be registered by June 28, 2011 to avoid program cancellation.
- Any changes made to your original registration will be charged an automatic \$15 service charge. Additional fees may apply.
- Refunds are subject to the approval of the ARPD Supervisor. Administrative fees will apply.

- You must provide your own bedding (sheets, pillows, etc.).
- You may bring your own bikes for individual exploration.
- For an additional fee, there are additional family activities.
- All participants should be in good health.
- Campground is wheelchair accessible.
- Families are responsible for their own transportation to and from Lake Tahoe.
- **NO PETS ALLOWED.**



**ALL PARTICIPANTS WILL RECEIVE CAMPGROUND INFORMATION, MAPS,  
AND OTHER MISCELLANEOUS DETAILS AFTER AUGUST 1, 2011**



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**CLASS #9520**

## **2011 ARPD FAMILY ADVENTURES AT CAMP CONCORD**

Please complete and return form with payment (cash, checks made payable to ARPD, MasterCard or VISA) to the Alameda Recreation and Park Department, 2226 Santa Clara Avenue, Alameda, CA 94501. FAX registrations accepted with MasterCard/ VISA: (510) 523-4071. Online registration available at: [www.arpdeplay.com](http://www.arpdeplay.com) **SAVE YOUR RECEIPTS! THERE IS A \$5 SERVICE CHARGE PER RECEIPT TO REPRINT RECEIPTS.** ARPD reserves the right to cancel programs due to low enrollment. Alternate programs may not be available.

### **Please list all family members who will be attending CAMP CONCORD (#9520):**

PARTICIPANT'S NAME(S)		COMPLETE IF UNDER 18 YEARS			GENDER <small>(circle one)</small>	LIST ANY ALLERGIES, MEDICAL PROBLEMS, CURRENT MEDICATIONS	FEE
LAST	FIRST	GRADE COMPLETED AS OF JUNE 2011	AGE	BIRTHDATE			
					M / F		
					M / F		
					M / F		
					M / F		
					M / F		
					M / F		
					M / F		
					M / F		
<b>RECREATION SCHOLARSHIP FUND DONATION - Write In Donation Amount - Thank You!</b>							
<b>TOTAL:</b>							

**MAIN CONTACT NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**HOME PHONE** ( ) \_\_\_\_\_ **WORK OR CELL PHONE** ( ) \_\_\_\_\_

**E-MAIL ADDRESS (Required for Online Registration - [www.arpdeplay.com](http://www.arpdeplay.com))** \_\_\_\_\_

**IN CASE OF EMERGENCY AND I CANNOT BE REACHED, PLEASE CONTACT:** *(I understand it is my responsibility to provide current contact information)*

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_ **CELL/WORK:** \_\_\_\_\_

**MEDICAL RELEASE:** I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment he/she deems necessary to the above child in case of an emergency and in the event that I cannot be contacted.

**Please Note:** Registrations for children requiring special attention are reviewed on a case-by-case basis with the Program Supervisor. Be sure to provide as much detail as possible, including any physical or emotional needs or medications involved. Recreation Department Staff do not receive specialized training for various special needs, but will work with individuals as appropriate to provide a positive experience.

**DOCTOR'S NAME** \_\_\_\_\_ **PHONE** ( ) \_\_\_\_\_

**NAME OF INSURANCE** \_\_\_\_\_ **GROUP OR POLICY NUMBER** \_\_\_\_\_

1. **THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES THE CITY OF ALAMEDA**, its directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors.
  2. **THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE**, whether or not it is due to the negligence of the City of Alameda, its directors, officers, employees, agents, and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment or program transportation thereon.
  3. **THE UNDERSIGNED HEREBY PERMITS** the taking of photographs of themselves and/or the participant(s) by the City of Alameda during recreation classes or activities to be used at the City's discretion.
- THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.

**SIGNATURE** (Parent/Guardian if under 18) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>CAMP CONCORD:</b> <b>2ND PAYMENT DUE:</b> <b>FRIDAY, JULY 29, 2011</b>	<input type="checkbox"/> FULL PAYMENT	<input type="checkbox"/> 2ND INSTALLMENT	<b>CARD NUMBER</b> _____ - _____ - _____ <b>EXP DATE</b> _____ <b>CARDHOLDER NAME</b> _____
	<input type="checkbox"/> CASH	<input type="checkbox"/> MASTERCARD	
	<input type="checkbox"/> CHECK	<input type="checkbox"/> VISA	
<b>CAMP CONCORD:</b> <b>1ST PAYMENT DUE:</b> <b>FRIDAY, JUNE 17, 2011</b>	<input type="checkbox"/> FULL PAYMENT	<input type="checkbox"/> 1ST INSTALLMENT	<b>CARD NUMBER</b> _____ - _____ - _____ <b>EXP DATE</b> _____ <b>CARDHOLDER NAME</b> _____
	<input type="checkbox"/> CASH	<input type="checkbox"/> MASTERCARD	
	<input type="checkbox"/> CHECK	<input type="checkbox"/> VISA	